



JOINT DECLARATION FOR PATENT APPLICATION

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As the below named inventor, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names;

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD OF DATA EXCHANGE FOR ELECTRONIC TRANSACTION WITH MULTIPLE SOURCES the specification of which

() is attached hereto.

(X) was filed on July 31, 2001 as Application Serial Number 09/917,810 and was amended on

(if applicable)

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Prior Foreign Application(s)

We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 U.S.C. 119
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Prior United States Provisional Application(s)

We hereby claim the benefit under 37 C.F.R. §119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
60/194,027	03 April 2000	
60/162,129	29 October 1999	
60/162,125	29 October 1999	

Prior United States Application(s)

We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
09/698,073	October 30, 2000	Pending

And we hereby appoint, both jointly and severally, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys, their registration numbers being listed after their names:

Kevin Ainsworth, Registration No. 39,586; Ingrid Beattie, Registration No. 42,306; William Belanger, Registration No. 40,509; Naomi Biswas, Registration No. 38,384; Bradford C. Blaise, Registration No. 47,429; Duane Blake, Registration No. 47,279; Yong Choi, Registration No. 43,324; David F. Crosby, Registration No. 36,400; Christopher J. Cuneo, Registration No. 42,450; Brett N. Dorny, Registration No. 35,860; Marianne Downing, Registration No. 42,870; Ivor R. Elrifi, Registration No. 39,529; Heidi A. Erlacher, Registration No. 45,409; James G. Gatto, Registration No. 32,694; Richard Gervase, Registration No. P-46,725; Matthew J. Golden, Registration No. 35,161; John A. Harre, Registration No. 37,345; Brian P. Hopkins, Registration No. 42,669; Shane Hunter, Registration No. 41,858; David E. Johnson, Registration No. 41,874; Christina Karnakis, Registration No. 45,899; Robert Klauzinski, Registration No. 42,742; Kristin E. Konzak, Registration No. 44,848; Cynthia Kozakiewicz, Registration No. 42,764; Barry Marenberg, Registration No. 40,715; William Marino, Registration No. 44,219; A. Jason Mirabito, Registration No. 28,161; Michel Morency, Registration No. Limited Recognition; Carol H. Peters, Registration No. 45,010; David Poirier, Registration No. 43,007; Michael Renaud, Registration No. 44,299; Brian Rosenbloom, Registration No. 41,276; Thomas M. Sullivan, Registration No. 39,392; Janine Susan, Registration No. 46,119; Howard Susser, Registration No. 33,556; Raphael A. Valencia, Registration No. 43,216; Shelby J. Walker, Registration No. 45,192

All correspondence and telephone communications should be addressed to:

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Fax: 703-464-4895

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature Michael G. R. Sr. Date 3-5-02

Full Name of
Sole Inventor

BRUCE, Sr.
Family Name

Michael
First Given Name

George
Second Given Name

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Attorney Docket No. 23512-006

Signature

Date

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On behalf of Bill G. Neely:

Name:

William

R. Neely

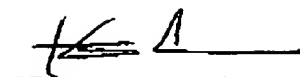
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Signature



Date

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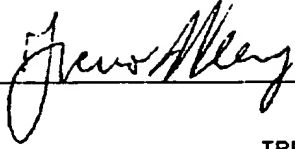
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Signature  Date July 27, 2001

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Signature



Date

3/13/2007

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Second Given Name

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VIRGINIA:

AFFIDAVIT
VIRGINIA SMALL ESTATE ACT

IN RE: ESTATE OF: BILL GARETH NEELY, deceased.

COMES NOW WILLIAM NEELY, being first duly sworn on oath deposes and says:

1. That he/~~she/they~~ ~~is/are~~ ^{was found} the successor of the decedent as defined in section 64.1-132.1 of the Code of Virginia as amended.
2. That the decedent died ~~TESTATE/INTESTATE~~ on the 20th day of January, 2001 and that sixty days has elapsed since the date of death.
3. The decedent was domiciled and a resident of Fairfax County, Virginia.
4. No application for appointment of a personal representative has been granted or is pending in any jurisdiction.
5. ~~xxx~~ The decedent died INTESTATE and there is no existing will.
The will has been probated and the list of heirs duly filed in the Clerk's Office of the Fairfax County Circuit Court on the _____ day of _____, 19____.
6. The value of the entire personal probate estate, wherever located, does not exceed \$10,000.00.

William R. Neely
Affiant

Affiant

Affiant

COMMONWEALTH OF VIRGINIA ~~MARYLAND~~
COUNTY OF ~~FAIRFAX~~, to-wit:

FREDERICIL
Subscribed sworn to and acknowledged before me this 3rd day of

May, 2001.

Robert H. Reed
NOTARY PUBLIC

My commission expires: My Comm. Exps. 9/16/02

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MAR 13 2002

COPY A

FOR DIVISION OF
VITAL RECORDSREGISTRATION
AREA NUMBER

129

CERTIFICATE
NUMBER

537

MEDICAL EXAMINER'S
CERTIFICATESTATE FILE
NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (First) (Middle) (Last) Bill Gareth Neely		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	3. DATE OF DEATH (Month) (Day) (Year) January 20, 2001	4. AGE (Years) (Months) (Days) 30	5. DATE OF BIRTH (Month) (Day) (Year) Jan. 4, 1971
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) None		8. COUNTY OF DEATH (If independent city, leave blank) Fairfax
	9. CITY OR TOWN OF DEATH McLean	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 1505 Lincoln Circle # 202	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12. COUNTY OF DECEDENT'S RESIDENCE (If independent city, leave blank) Fairfax
	13. CITY OR TOWN OF RESIDENCE McLean	14. STREET ADDRESS OR RT. NO. OF RESIDENCE 1505 Lincoln Circle # 202	ZIP CODE 22102
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER William Neely		16. MAIDEN NAME OF DECEDENT'S MOTHER Edwina Grice
	17. RACE OF DECEDENT Black	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> no <input type="checkbox"/> yes	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 4 College (1-4 or 5+) 4
	20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (Place or country) Rhode Island	22. NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
	23. SOCIAL SECURITY NUMBER 216 13 3178	24. USUAL OR LAST OCCUPATION Director	25. KIND OF BUSINESS OR INDUSTRY Strategic Developm't Private
	26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. CARDIOMYOPATHY		27. INFORMANT - OR SOURCE OF INFORMATION William Neely
CAUSE OF DEATH TO MEDICAL EXAMINER	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DUE TO (OR AS A CONSEQUENCE OF)		28a. AUTOPSY? AUTHORIZED BY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO M.E.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Chain of injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF)		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
	29b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	29c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTIVE <input type="checkbox"/> TO CAUSE OF DEATH	29d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
	29e. TIME OF INJURY (Month) (Day) (Year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	29f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	29g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
	29h. (City or town) (County) (State)		29i. (City or town) (County) (State)
	29j. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted as or about NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		8:30 DATE SIGNED: March 21, 2001
	ACTUAL SIGNATURE Donald D. Haut, M.D.		ADDRESS OF MEDICAL EXAMINER 4317 Adrienne Dr Alexandria, Va. 22309
FUNERAL DIRECTOR	30. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. PLACE OF BURIAL REMOVAL, ETC. George Washington Cemetery Adelphi, Maryland	31. (Signature of funeral director or person legally filing this certificate) Julia P. Marshall
REGISTRAR	32. (Signature of registrar) Gracia Lopez	NAME OF FUNERAL HOME AND ADDRESS MARSHALL'S FUNERAL HOME 4308 Suitland Rd. Suitland, Md	DATE RECORD FILED 4/3/01
	RESERVED FOR REGISTRAR'S USE		

This is to certify that this is a true and correct reproduction of the original record filed with the FAIRFAX COUNTY HEALTH DEPARTMENT, FAIRFAX VIRGINIA.

APRIL 3, 2001

DATE ISSUED

DEPUTY REGISTRAR

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL